

13817

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

3677

 BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

 1. PLACE OF DEATH
a. COUNTY

 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS, MO** c. LENGTH OF STAY (in this place)
c. CITY OR TOWN **ST LOUIS** d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

 d. FULL NAME OF HOSPITAL OR INSTITUTION **MISSOURI PACIFIC HOSP.** e. STREET ADDRESS (If rural, give location) **4128 ALMA** 201/0

 3. NAME OF DECEASED a. (First) **ARTHUR** b. (Middle) **JOSEPH** c. (Last) **RIPPER** 4. DATE OF DEATH (Month) (Day) (Year) **April 24 1955**

 5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **MARCH 12, 1897** 9. AGE (In years last birthday) **58** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **ASST GEN. FOREMAN** 10b. KIND OF BUSINESS OR INDUSTRY **TERMINAL RR** 11. BIRTHPLACE (City and State or Foreign Country) **ST. LOUIS MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

 13a. FATHER'S NAME **FRED RIPPER** 13b. MOTHER'S MAIDEN NAME **ELIZ. VONDER HAAR** 14. NAME OF HUSBAND OR WIFE **ANNA**

 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **WW I** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **ANNA RIPPER** ADDRESS **4128 ALMA**

 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **MYOCARDIAL INFARCTION**

 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) **CORONARY ARTERIOSCLEROSIS** DUE TO (c) **CORONARY ARTERY OCCLUSION**

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? **4201**

 22. I hereby certify that I attended the deceased from **4:22.55** to **4:24.55**, that I last saw the deceased alive on **4-22-55**, and that death occurred at **12:27 p.m.**, from the causes and on the date stated above.

 23a. SIGNATURE **W. L. Hanford** (Degree or title) **MD** 23b. ADDRESS **607 N Grand Blvd.** 23c. DATE SIGNED **4-25-55**

 24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **4-27-55** 24c. NAME OF CEMETERY OR CREMATORY **RESURRECTION** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS CO. MO**

 DATE REC'D BY LOCAL REG. **APR 26 1955** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **JOS. P. FENDLER JR.** ADDRESS **7128 MICHIGAN**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 13 1955

 0.300
0.48

MAY 19 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3093

P.O. Address: 7178 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.